MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL: 09/856851

FILING DATE

APPLICANT(S)

CLAIMS

#	AS FILED IND.	DEP.	AFTER 1st AMENDMENT IND.	DEP.	AFTER 2nd AMENDMENT IND.	DEP.
1	/		/			
2		/		/		
3		/				
4		/		/		
5		4	/			
6		4	/			
7		8				
8		8		/		
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50						
TOTAL IND.	2		3			
TOTAL DEP.	21		6			
TOTAL CLAIMS	23		9			

#	* IND.	DEP.	* IND.	DEP.	* IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)